

**OFFICE of ENVIRONMENTAL HEALTH HAZARD ASSESSMENT**

1001 I Street  
Post Office Box 4010, MS 25B  
Sacramento, CA 95812-4010  
Attn: Laurie Patterson  
Fax (916) 323-2610  
[lpatterson@oehha.ca.gov](mailto:lpatterson@oehha.ca.gov)

**California Public Records Act Request**

<b>Name of Individual and/or Company Requesting Records:</b>			<b>Date:</b>
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>E-Mail Address:</b>	<b>Contact Person:</b>
Please complete one copy of this form for each Public Records Act request. Mail, fax, or e-mail the form. You will be advised as to whether or not we have records subject to release within 10 calendar days of receipt of the request. There will be a \$0.25 per page charge, and you will be notified of the cost in advance of copies being made. There will be additional charges for copies of information in other forms (i.e., cassette tapes, VHS, etc.).			

**REQUEST FOR RECORDS PERTAINING TO:**

<b>Name: Facility Name, Location, Project, Individual, etc.</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**Specify Types of Information Requested:**


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